

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		FIRST AMENDMENT		SECOND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16	1						66					
17	1						67					
18	1						68					
19	1						69					
20	1						70					
21	1						71					
22	1						72					
23	1						73					
24	1						74					
25	1						75					
26	1						76					
27	1						77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	49	←	↓	←	↓	←	TOTAL DEP.	←	↓	←	↓	←
TOTAL CLAIMS	12	1	1	1	1	1	TOTAL CLAIMS	1	1	1	1	1